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ORIGINAL ARTICLES.

Synopsis of the Etiology and Pathology and Rational Treatment of Sciatica.

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The old maxim that necessity is the mother of invention has been appropriately applied to all progressive pursuits in life, and has added much to the advancement of mechanical and scientific procedures. With the same degree of appropriateness does this old adage stimulate us when treating of this disease, giving rise to the subject of this paper. Sciatica is one of the many morbid conditions which frequently exhausts all our resources without any definite or beneficial results to the patient; hence it is one of the affections which is deserving of special study.

For the past five years the writer has had the subject under observation, and during that time the field in which he has labored has offered many facilities in furthering the interest of the subject. Like all others of limited experience in dealing with my first few cases, everything founded on the weakest recommendation was used in their treatment without flattering results.

In conversation with my friend, Prof. Graemme M. Hammond, he suggested that I try a *modus operandi* with which he was having success; this I did, being thereby able to cut short the duration of the disease.

Before entering into full consideration of the treatment, we should be familiar with the pathological condition with which we have to deal. It is now known that sciatica has a pathology upon which we can base our symptoms and indications for treatment. Half a century ago sciatica was described as a rheumatic affection which is not received with favor by good authorities at the present day or now.

My clinical experience leads me to adopt Dr. Hammond's division of sciatica, viz.: one in which the morbid changes take place primarily in the nerve itself; the other, where the disease begins elsewhere and affects the nerve secondarily. The etiological factors, supposed to have a direct action on the nerve in the production of sciatica, would come under the head of the so-called diathetic states, such as rheumatism, gout and syphilis, in connection with traumatism, exposure to cold, etc.

Of the second class, of that produced secondarily, the genesis would be found due to intra- and extra-pelvic tumors, fœcal impactions and caries of the osseous structures, especially the implication of the iliofemoral articulation. I agree with Dr. Hammond that of all these causes cold is the most important factor in the production of sciatica.

It was supposed at one time that sciatica pain, arising from exposure, was due to sensory central cell irritation, thereby being simply a neuralgia. This idea was given me by a medical gentleman of this city recently; I tried to show him his error, but have great doubts as to my success. It is positively known to-day that this is a neuritis. The pathological findings will be in keeping with the severity of the inflammatory process. In the initial stages of all cases we have the inflammation confined to the nerve sheath and probably limited to the nerve sheath throughout the disease in mild cases. The implication and irritation of the

nervi-nervorum is sufficient to account for the pain present. Of course in severe cases we have both the sheath and interstitial tissue concerned in the inflammatory process. By the implication of the nerve fibers we have an increase in volume, intra-nerve pressure upon the fibers, due to the exudation of inflammatory products; and if the process continues, will give nerve atrophy and degeneration, and necessarily atrophy and paralysis of muscles supplied by the diseased nerve. Gout, rheumatism and syphilis have been regarded by many as potent factors in the production of sciatica, but today it is doubted by good authority. Dr. Charles A. Dana does not regard either of them as being directly concerned in the production of sciatica, but says they are merely diatheses and at times coincident with the disease of the nerve. Dr. Hammond says: "It is possible, in a very small percentage of cases, that these diseases may predispose to sciatica, or may, perhaps, induce it primarily; but clinical evidence does not give much support to the rheumatic, gouty or syphilitic origin of sciatica." Dr. George W. Jacobi does not coincide with the views of Dr. Hammond and Dana, but is of the opinion that there may not be so much relation between sciatica, gout and syphilis as between sciatica and rheumatism, but his experience convinced him of such relation.

Gowers thinks that rheumatism and gout are potent factors in the production of sciatica, but says: "Cases in which the syphilitic nature of the disease is certain are extremely rare." Anstie makes these remarks: "But so far as agreeing with those who think this (rheumatism) is a frequent case, my experience teaches me that it is quite exceptionable; nor do I believe that the common opinion could have ever arisen had it not been for the rage that exists for connecting every disease with a special diathesis which the profession flatters itself that it understands." He says syphilis is rarely concerned in producing sciatica, and that gout is even yet a less causative factor."

Dr. Hammond told me, in making a deduction, based upon his long clinical experience, that he did not feel justified in attributing the cause of sciatica to either gout, rheumatism or syphilis, but rather to the contrary. In an experience extending over a period of over four years in an institution especially for the treatment of neurotic affections, among which many cases of sciatica were observed, I was unable to justify myself in believing that sciatica was caused by either one of these diathetic states mentioned. The class of cases received into my service came from many of the best families of New York, hence the three factors in question had the advantage of a luxurious life so essential to their production and cultivation. That gout, rheumatism and syphilis (gout being common in the east, though rare in the west) are by no means rare cannot be disputed, and, like Dr. Hammond, I found very few such subjects had ever had sciatica. In one case of typical gout, acute sciatica was developed, but anti-goutic remedies had no control over it whatever, although the gout succumbed to the treatment. Dr. Hammond says the fact that anti-rheumatic and anti-gout remedies do not influence the improvement of sciatica, but relieve the former, is an important point against either of them being concerned in the causation of sciatica. Also that there is any post-mortem evidence of gout and rheumatism is yet to be demonstrated, as thus far none have been found in the sciatic nerves after death.

I believe that sciatica sometimes is an initial symptom of a condition which may ultimately become a multiple neuritis, as this has occurred in three cases in my own practice, and I now recall a case which I saw in the clinic of Dr. Dana in New York, and also in connection with my friend, Dr. Geo. R. Elliott. If I remember correctly, the rheumatic diathesis in this case was suspected. The patient was treated vigorously internally and externally, but not according to the plan which I shall give later; and when I saw the case several weeks subsequently he had developed a typical multiple neuritis of both lower extremities; atrophy and paralysis with the characteristic nerve degenerative reaction being present. That gout and rheumatism may predispose to

sciatica, I am forced to admit, but they do this by lowering the general systemic condition and thereby rendering the patient a fit subject to an acute attack of most anything, and should sciatica be developed in this instance, I should be inclined to regard it as simply accidental and not a primary result of the direct action of rheumatic and gouty poison on the nerve itself. Syphilitic gummata may by pressure develop a neuritis in the same sense that it may cause an interference with any other organ, but so far as an acute sciatica being due to the direct action of the syphilitic poison, I am reluctant to admit.

Irritation, as a result of pressure, if continued a sufficient length of time, will produce a neuritis. Traumatisms, such as contusions, falls, blows, muscular strains, etc., neuromata, intra- and extra-pelvic growths, give rise to this condition. Morbid conditions of the bones may give rise to it by extension of the inflammation to the nerve sheath.

From consideration of the foregoing, it will at once be realized that sciatica is nothing more or less than a neuritis, and in dealing with it the treatment should be directed with that point in view, but the fact that it may be induced by pressure and consequent irritation, or any of the exciting causes already given, it is sufficient to suggest that the first step in the treatment would be the removal of any exciting cause. After this is done, the attention should be directed to the condition of the nerve itself, as we now have a neuritis, active in character, to deal with. Having removed the irritation, we have a sciatica, due to pressure or exposure. What is the most rational course of treatment?

In order to check the pathological progress the active inflammatory process is the first to be considered. First we have the nerve sheath involved, and secondly the nerve itself. In the latter case we have a serofibrinous exudation situated between the sheath and the nerve, but in some instances it is found in the nerve constituents proper.

Pain is present and often agonizing in character. At times it is present only on motion, but is always exaggerated on motion of the parts. Pain must be subdued, and if severe, nothing takes the place of morphia given hypodermically. The best plan is to inject the fluid as near the nerve as is practicable, as morphine is supposed to have some control over the inflammation when brought into contact with the parts involved. Glycerine is another adjuvant, according to my experience, in the following manner: Morphine will only dissolve nicely in temperate water in the proportion of sixteen grains to the ounce (Magendie's solution), but by taking hot water you achieve two points, viz.: sterilization of the fluid, and will be enabled to dissolve sixteen grains of morphia in one-half ounce of water. Now to this add glycerine to make one ounce, filter and keep well corked for use. Glycerine produces absorption and reduces inflammatory tendencies when added to the hypodermic solution, and it acts as a preservative, thereby preventing the early formation of fungi, which appears in Magendie's solution, rendering it unfit for use. By the addition of glycerine, as just mentioned, I have been able to maintain a nice clear solution for thirty days, when not carelessly exposed to the atmosphere. Some think glycerine irritating, but in a record of fifty-five hundred injections, only in one case was there any inflammation following the injection, and that was due to carelessness in using an old solution containing fungous material.

I have treated quite at length on this preparation of hypodermic solution, but it is important and has been of service in my hands. So far as I am aware this manner of preparation is an original one with me. Give the injection as near the nerve as possible for the relief of severe pain. In milder cases phenacetine in doses of from fifteen to twenty grains may be sufficient. Antipyrine and antifebrine may be used, but they are both heart depressors. Various other drugs, recommended for this, have not been of special service with me.

The one important factor in relieving the neuritis is rest; second, the application of cold; third, the proper use of electricity. Rest is the feature to establish in treating

all disabled organs, and cannot be disputed here. Activity induces an increased amount of blood to the part which is contra-indicated in inflammatory conditions. By rest is not meant the simple prevention of locomotion, but absolute rest to the disabled limb. This can only be accomplished by immobilization and fixation, which is best done by confining the patient to bed and applying the old-fashioned long splint. The splint should extend from the sole of the foot to the axilla, being attached to the body by bandaging, and in a like manner fastened to the leg from the ankle up to a point just above the patella. By applying in this manner we have the thigh and sole of the foot unincumbered, ready for the application of cold and electricity.

Now, the idea of using a splint in the treatment of sciatica was first originated by Mitchell several years ago, which I believe he still uses. This method of using a splint is original with Dr. Graemme A. Hammond, and I believe I was the first follower of his method. It should be used in all severe cases of sciatica, as it gives absolute rest. In very mild cases it is not necessary, though its use will be no mistake. It should be removed about every fourth or fifth day, and after carefully causing slight manipulation of muscles and passive movements of the joints to be made, the splint should be re-applied.

The application of cold to the skin over the sciatic nerve is advised and practiced by many in the form of sprays of methyl-chloride, ether, etc. In my hands these rapidly-refrigerating materials are not as serviceable as a more moderate degree of cold continuously applied. The latter is best carried out by means of the ice bag, which can be easily applied to the course of the nerve if the splint is adjusted as just described. My reason, like that of Dr. Hammond's, for this is that the cold being continuous it is enabled to reach the nerve and becomes an active agent in reducing the inflammatory process, and never freezes the skin, which is always done when the sprays are used. The cold of sprays is so intense that the skin soon freezes, and then it must be discontinued. The action is superficial, it does not reach the inflamed nerve, and consequently its action becomes that of a counter-irritant. Continuous cold in degree is an important factor easily obtained by the use of ice bags. The mode of application greatly facilitates treatment above that of the spray, for no one would be willing to stand with spray in hand continuously, even if it could be done.

Electricity, when properly applied, is one of the most useful remedies at our command; but if used without proper knowledge, it will be injurious. The faradic current is irritating, and should never be used in acute affections. In the latter stages of sciatica, if the muscles become flabby from the disease, the neuritis having subsided, or when atrophy of muscles has resulted from a degenerative condition of the nerve, then faradism may be used, but never in the acute form. Galvanism should be used as the continuous current, but never as interruptive, as the same objection would be present as offered to the faradic; they both irritate and are contra-indicated, according to the rule of absolute rest, which should be kept in mind. The continuous galvanic is the one to deal with in this instance. It acts as follows: The positive pole is an anæsthetic and causes a current of fluids in the direction of the electric current from anode to cathode. In sciatica pain is largely due to inflammatory products in the nerve sheath pressing upon the parts; a sero-fibrinous exudation takes place between the nerve and sheath. Electric cataphoresis, properly applied, has a tendency to reduce this condition, thereby relieving pain and irritation and lessening the inflammatory tendency. This explanation is a practical one, and is borne out by the fact that no other remedy in many instances is necessary, except rest, to relieve the patient. The manner of application is the same as described by Dr. Hammond. The negative electrode should be about nine by four inches in size, and should be strapped to the sole of the foot by elastic bands. The positive electrode is about five or six inches square, and should be applied over the gluteal regions, over the point where

the sciatic nerve emerges from the pelvis. The electrode can be changed to other points if indicated, but avoid breaking the current. A single shock has set up a renewed inflammatory action. In a case which I was treating for a traumatic neuritis of the median nerve, by her jerking the current was broken, giving her a distinct shock. Two days later she returned to the clinic with an active neuritis. The treatment was continued with good results; hence the importance of an even current.

The strength of the current used should be short of painfulness. Toleration differs in different individuals, so it is difficult to give any definite rule as to the current strength used. The continuous current should be given twice in twenty-four hours for about five minutes at each sitting.

INTERNAL MEDICATION.

On this subject is little to be said, as in my practice I attach but little importance to it unless there are indications of some of the diathetic conditions present or syphilitic taint. In very severe forms I have used the iodide of potassium in increasing doses and without a question to advantage, as it certainly aids materially in the absorption of the serous exudation which is always present in these forms of sciatica. General systemic building up is always to be done when indicated and should be thought of here. Anti-goutic and anti-rheumatic agents seemingly do not influence the sciatica, but benefit gout and rheumatism, if either be present. Counter-irritation, such as blisters or the actual cautery, are of service in the milder forms, but in the severe cases their field of usefulness is limited and they in nowise rank with the action of continuous cold. I don't advise the hypodermic use of anything more than is indicated for the relief of pain. The injection of various substances, as recommended by some, such as nitrate of silver, osmic acid, etc., into the tissues are liable to become irritants and are to be avoided.

A summary of the treatment of sciatica, based upon its pathology, would indicate for the scientific management of the disease the following: First, absolule rest; second, the application of moderate continuous cold; third, the proper application of the continuous galvanic current; fourth, morphine in the formula previously given hypodermically to relieve pain.

THAT funny genius, Kraft, of the *American Homeopathist*, certainly had a "spasm of sense" when he penned the following: We have long since learned this little lesson, that a thoroughly well posted materia medica man in homeopathy cannot afford to pin his knowledge entirely to the symptoms evoked by the most perfect proving; in other words, that the homeopath is the best homeopath who knows all there is to be known about a drug. Shoemaker and others of the national school go very much more deeply into the study of a drug than the homeopaths, and it is wise and prudent to read homeopathic materia medica with an old school-book close at hand. A thorough understanding of the physiological and toxiological action of a drug is a great help in recalling the symptomatology of the homeopathic school.—N. Y. *Med. Times.*

THE treatment of phlyctenular conjunctivitis consists in bathing the affected eye three or four times a day with hot water, (the water having been boiled,) putting a few drops of a one-grain solution (gr. i, water ʒ i) of atropine in the eye two or three times a day, dusting a little chemically-pure calomel on the eye once a day. Should the health be impaired, constitutional treatment must be given according to the nature of the trouble, and have the patient avoid smoke and dust, and wear a pair of ground, plain, smoked spectacles.

DR. BOARDMAN REED says that ten to thirty drops of extract of cimicifuga after meals rarely fail to effect a cure of seminal emissions.—*N. Y. Med. Times.*

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Topeka, Kansas, Saturday, March 10, 1894.

A County Hospital.

Shawnee county's facilities for taking care of its sick poor are inadequate to the needs of the case. The county expects of its county physician a great deal of work for a very little pay, and expects him to furnish all necessary medicines at his own expense.

Suppose he is able to furnish the best of medicines and in sufficient quantity, the other essential requirements for the successful treatment of the sick are lacking, *i. e.*, proper diet, careful nursing and cleanliness. If our county commissioners would visit a few of these homes (?) of the poor, where there is sickness in the family, no other argument would be needed.

The pockets of our people are liberally opened to relieve the misery and distress of the needy when it is brought to their notice. The county poor commissioner and his aids issue liberal supplies of food and clothing to feed the hungry and clothe the naked. Those who are out of work are given employment. There are cases, however, where food, clothes and employment are not sufficient. Those unable to help themselves must be helped, and it is not always possible for the father of a family, where the mother is sick and the children helpless, to earn a living and give his dear ones the attention needed. There are several of these cases in the city to-day. Small, poorly-ventilated houses, crowded with children, cleanliness unknown, are conditions not very favorable to recovery from severe illness of whatever form.

A county hospital in Topeka would reduce the death rate in Shawnee county more than one-half. It is a disgrace to Topeka that it has only one hospital, and it supported by private donations. Let the people be taxed to care for the sick poor. To what more worthy cause can a tax be applied?

The people are not aware of existing conditions or the need of hospital facilities, and once acquainted with the facts there can be no doubt of their action.

THE fourth annual meeting of "The Association of Military Surgeons of the United States" will be held in Washington, D. C., May 1, 2 and 3, 1894. This national organization is composed of medical officers of the U. S. army, U. S. navy, national guard of the United States and the hospital marine service—in whose service are many of the most celebrated and distinguished surgeons of our country. A brilliant and able literary program will be presented. The afternoon of one day will be set apart for an object lesson from the "Manual of Drill," by the Hospital corps. The evenings will be given up to social entertainments. There will be about five hundred delegates in attendance.

THE meeting of the American Medical Association, which is to be held in San Francisco, has been postponed to the first Tuesday in June.

Minor Amputations.

Dr. D. H. Young, of Chicago Junction, Ohio, in writing on "Minor Amputations—Methods Preferred and Reasons Therefore," says: "In amputations of the fingers the anterior flap is the best if you have tissue enough to cover the bone and preserve the sense of touch, and if you desire to save the length of the finger as much as po sible. Almost always the patient will object to having the fingers taken off entirely, even when to excise the fingers and part of the metacarpal bone would make a better hand for future use.

"In all amputations of the hand it is best to cut away all bruised and blackened tissue, leaving a clean wound, seeking to have perfect coaptation of all flaps, and to do this will tax the faculty of the surgeon."

Again he says, in speaking of injuries of the hand: "There must be a great amount of conservative surgery used. To do this, clean away all bruised and crushed tissues possible and make the amputation as near the seat of injury as possible, following the line of injury."

The paper from which these extracts are taken was read before the second annual meeting of the Ohio State Association of Railway Surgeons, held in Cleveland, Ohio, October 12, 1893, and appeared in the *Railway Age* of March 2, 1894.

There is no record of the discussion, and we take the suggestions of the paper as the opinion of the association, or at least the practice of Dr. Young.

It is true a man cannot give everything in a paper, cover the whole field, including the minutia, but there should be nothing questionable in such a paper that would mislead those who are not adepts in the profession and many of the younger men. We consider the advice "to cut away all bruised and blackened tissues" and to "clean away all bruised and crushed tissues possible" bad practice, wrong. Such injuries are usually in healthy, strong young men, and the vital forces are capable of repairing injuries beyond the most sanguine expectation of the surgeon. What, then, should be the treatment to save all tissue possible? A great deal of this blackened, bruised and apparently crushed tissue should be left for twenty-four to seventy-two hours and thoroughly irrigated with hot water for half an hour at a time or even longer at intervals of every one or two hours, and dressed in iodoform gauze and warm cotton during the interval, will save a great deal of tissue and often save a member. The water should be previously boiled and let cool to the required temperature. The water should be used as hot as can be endured. When all of the tissue has been restored that is possible the line will be clearly defined for operating. There is no danger of infection during this time if proper precautions are taken.

Earache.

Acute catarrhal inflammation of the middle ear is a common affection, especially in children. Many times it is mistaken for brain disease. It is not always easy to diagnose otitis media in infants. The onset of the disease is sudden. The child awakes from sleep with a scream. The hand is put to the side of the head and the head rolled from side to side. Sometimes there is a tendency to opisthotonous. There is slight fever and quickening of the pulse. The objective signs are tenderness on pressure on the tragus, causing the child to cry out. If the drum membrane is examined, there is a line of injection seen along the malleus or the whole membrane is red, and may be bulging out. There may be but a line of redness around the margin of the drum-head. There is usually more or less catarrh of the nose, pharynx and eustachian tube.

Treatment.—If there is bulging of the drum-head, it should be opened and flushed with warm water. If distension is not noticeable, water as hot as can be endured should be poured into the ear, or, better, siphoned into it, from a half-pint to a quart, according to the intensity of the pain and the age of the patient.

Sacks of hops, one inch thick and three inches square, wrung out of hot water and laid on the ear, or let the ear rest on the warm, moist bag of hops, will relieve the pain and enable the child to sleep. When the drum membrane is open the middle ear and eustachian tube should be cleansed by politzerizing or inserting a rubber in the nose and the attendant blowing into the free end of the tube will cleanse the tube and middle ear. The nose and pharynx should be treated in these cases of catarrhal troubles by spraying a weak solution of listerine and a little cocaine, or menthol, camphor and albolene, or a few drops of a two-grain solution of atropine with some astringent. The child should be bathed three times a week and wear flannels next to the skin, and be dressed according to the weather. This form of earache is generally brought on by colds, and the colds are brought on by carelessness in not dressing the infant properly and exposing it to sudden changes of heat and cold.

Higher Requirements for Entrance to Medical Colleges.

The Illinois State Board of Health has amended the schedule of requirements for admission to medical colleges by taking out of the hands of the college the examination in the elementary branches of education, and requiring either a certificate or diploma from a literary and scientific college or high school, or, at least, a second-grade teacher's certificate. A curriculum of studies for schools of midwifery was also adopted, A committee was appointed to draft an outline of sanitary work throughout the state, and the secretary was ordered to issue a "preventive disease" circular on tuberculosis. The officers were re-elected as follows: President, Dr. William E. Quine, of Chicago; secretary, Dr. J. W. Scott, of Springfield; treasurer, Dr. B. M. Griffith, of Springfield. The governor has reappointed Dr. Julius Kohl, of Belleville, a member of the Board.—*Medical Record.*

Sub-Acute Aural Catarrh in Children.

Children are often neglected in this disease, and to their permanent injury. There is no pain, and the child appears to be listless and indifferent when spoken to. The parents will say the child is heedless. They know it is not his ears, because at times he hears as well as the other children. In the beginning of the catarrh, when comparatively free from cold, the child does hear better. But these periods of listlessness and indifference increase and finally become permanent. At first it is said that the child does not want to hear, and gradually acquired the habit. Such is not the case. Children do want to hear. They are not malingerers. The carelessness and ignorance of parents and the indifference of physicians in these cases is responsible for many children growing up in ignorance, and being kept back from becoming intelligent, useful citizens from lack of attention and appropriate treatment which would in many cases restore the child to normal hearing.

When the physician's attention is called to such a child, he should impress the danger of delay in treatment on the parents, and insist that proper attention be given the child. As before remarked, there is no pain, and the dullness of hearing is the principal symptom. An examination of the drumhead may show a loss of its neutral gray color, and show more of a pinkish hue. An examination should be made of the larynx and nasal passages, which will show more or less of a catarrhal trouble. Sometimes the tonsils enlarge and reach up behind the soft palate.

Treatment.—If the tonsils are enlarged, they should be removed. The catarrh must be treated and the middle ear inflated regularly. In many of these cases the hearing will be restored immediately, temporarily, and the child will show a pleasant surprise on the improved hearing.

With such care and treatment a large majority of these cases can be permanently cured.

State Medical Socieiy.

The Kansas State Medical Society will meet in Atchison, Wednesday, May 2, 1894.

Meeting on Wednesday afternoon enables the society to transact all of its routine business, such as receiving and auditing the secretary's and treasurer's accounts, leaving the other time for scientific work. The time has been changed from the first Tuesday to the first Wednesday by Dr. Priest, the secretary, to accommodate the pension examiner. The secretary says the program is a large one, and he is assured a large attendance.

Atchison is a good town, and we feel sure that the profession will be welcomed by the local physicians, and the state meeting will be one of the best.

The president, Dr. Hogeboom, says every indication points to a good meeting.

IN bronchitis and chronic irritable coughs, following colds and in the cough of phthisis, Dr. Sawhill, of Concordia, says he has never found a more reliable and satisfactory mixture than the following:

℞

Acid. hydrocyanic	m xxxij
Morphiæ sulph	grs. i to ii
Syr. prunus virg	℥ ss
Potass. bicarb	℥ ij
Aquæ dest. q. s.	℥ iv

M. Sig.: Teaspoonful three or four times a day.

DR. JOHN PUNTON, of Kansas City, on a paper entitled "The Treatment and Prophylaxis of Insanity," groups the etiology into the following classes:

1. Individual congenital defects.
2. Individual acquired defects.

The means of cure are:

1. By moral persuasion.
2. By the use of drugs.
3. By hygienic measures.
4. By mechanical appliances.

Antisepsis of the Hands in Obstetrics and Surgery.

In Germany antiseptic midwifery is enforced by law. I read lately in a foreign journal where a midwife had been sentenced to three years and a half in the penitentiary for neglecting these precautions.

Statistics upon this subject leave no doubt whatever that child-bed fever is the result of criminal carelessness, and the laity should be made aware of the fact that when a woman dies of the disease it is the fault of her physician. Cleanliness in obstetrics should be enforced by heavy penalties, as is the case in Germany.

The cleansing of the hands prior to obstetrical and surgical operations is not so simple a matter as it might seem. Kummel has shown that cleansing the hands with a brush for five minutes with soap and warm water, and scrubbing with boiling water, never prevent the development of colonies of bacteria, and that what is needed is a thorough washing of the hands with the help of a brush for three minutes with warm soapsuds, then with carbolized water (five per cent.) to destroy the microbe.

Jules Roux and Reyner have lately made some interesting experiments. After successive scrubbings they cleaned out, by means of a sterilized wire, the subungual space, and sowed the products of agar-agar. No washing or scrubbing of the hands with warm water or soap, followed by carbolic water (ten per cent.) prevented under these circumstances the development of microorganisms. To accomplish that it was necessary to do as Fuerbinger recommends:

1. Dry-scrape the nails and the subungal space.
2. Wash and brush with hot soapsuds at least half a minute.
3. Wash and brush with alcohol at 80° for the same time.
4. Before the complete evaporation of the alcohol, make a final cleansing with the antiseptic solution, using again the nail-brush.—Extract from a paper by Dr. Barbour in *Am. Pract. and News.*

Diagnosis of Ulceration of Rectum.

I know of no class of disease that requires more absolutely a correct diagnosis than do these. The treatment must in every individual case depend upon a correct opinion of it. We cannot treat a benign ulcer as we would a malignant one; nor a tubercular ulcer as a specific one; nor the last-named as the first-named.

Benign ulceration must begin as a lesion to the mucous membrane. The term trauma here would be most appropriate. Therefore a history of a wound, or anything that might lacerate, break or in any way damage the membrane, must be sought after. Of course the class of ulcers called irritable cannot be considered in this article. They have one symptom that will always diagnose them, viz., pain coming on directly after stool, and a search reveals the ulcer on, or embracing the sphincter. The appearance of a benign ulcer is very different from any other character of ulceration. Its edges are hard and resist invasion. The base and margins are likewise, and a quick disposition to heal exists with the slightest treatment. In other words, an innocent ulceration in the rectum is very much like the same located anywhere else. A malignant ulceration possesses properties directly opposite to the benign type of ulcers. Their disposition is to infiltrate and break down. No treatment will prevent this. The edges and base quickly yield and the ulceration rapidly extends. I would much rather trust to these conditions to tell me the nature of the ulceration than to the so-called pathognomonic signs of bleeding, pain and odor. The tubercular ulcer is closely allied to the malignant one in general appearance and some characteristics. It bleeds freely when touched, is disposed to break down, and sometimes its progress is rapid. One characteristic, however, is that the process is painless. I have seen cases of this kind where the buttock was nearly destroyed, involving the rectum, and the patient complained of but little pain. There are two things, however, that will quickly aid in the diagnosis:

1. The diathesis, which is easily discerned.

2. The discovery of the special bacillus.

In malignancy the peculiar color or cachexia is secondary to the existence of the primary cause, the tumor. In tubercle, ulceration is secondary to the diathesis. The physical signs of cancers are nodules; those of tubercle, a ragged and irregular edge.

Cancer begins subcutaneously as a growth and ulcerates afterward.

Tubercle begins either as an ulceration or cold abscess.

The discharge from a malignant ulcer is pus, or pus mixed with blood; from a tuberculous ulcer, broken-down tissue serum and an occasional pus-producing microbe.

Outside of all physical signs the microscope would make the diagnosis in tubercular ulceration.

In the specific or syphilitic ulcer we generally have the history of the disease from the patient of *primafacie* evidence of its existence in symptoms. Besides this the feeling given to the finger is unlike any other character of ulceration—not nodular, as cancer—nor ragged, as tubercular. Nor does it possess that distinct appearance of the benign ulcer. It is not circumscribed by a wall of lymph either, for it comes from the ulcerating process of a gummatous deposit, and may extend for inches up the rectum. It is more insidious than cancer, and yet attended by all its horrors; in other words, just as incurable after it gets a good foot-hold in the rectum. It is slower in its progress than cancer, but cruel in the length of time it takes to destroy. The most terrible cases of it that I have ever seen have been in pure virtuous women, the victim of the husband's vices.

Treatment.—I can barely allude to treatment of these different ulcerations, and will make it suffice to call attention to the methods briefly:

Benign.—Local applications.

Malignant.—Extirpation.

Tuberculous.—The curette.

Syphilitic.—Anti-syphilitic treatment. Colotomy, local medication, extirpation.

In the treatment of the first-named—benign ulcerations—it is absolutely necessary to have rest for the part. Mr. Hilton gives us a most excellent hint in this regard in his little book called "Rest and Pain." Every surgeon has recognized how utterly fruitless have been his efforts to heal ulcers on the lower extremities while his patient persisted in walking about. So with the rectum, if it is to be used every day in evacuating the bowels, that disturbance will prevent the healing process. The first thing to be done is to thoroughly purge the intestinal tract; second, confine the patient to bed; third, local applications. Having the bowels purged, a large enema of hot water should be given, the patient put upon a liquid diet, and if the ulcer is in the veins and is at all indolent, it should be touched with nitrate of silver or other stimulating applications; after healthy action is established an injection made into the rectum daily of—

℞

Sweet almond oil.....℥ j
Iodoform.....grs. v
Sweet nit. bismuth .....℥ ss

Will do much to cure the ulceration. Every fourth day the patient should be given an aperient. I need not call your attention to the fact that these patients are often treated per mouth for dysentery, which they have not, when a few days of local treatment will effect a cure.

Malignant Ulceration.—In the introduction of treatment I have said that ulcers of a malignant type should be extirpated. I know how common the idea and practice is to resort to colotomy for this condition. By comparison it is in substance this. By a colotomy you do a disgusting operation, and leave the offending mass just where it was. By extirpation you remove or attempt to remove that which is sure to kill if left. By Kraske's operation we are enabled to accomplish this in many cases.

Tuberculous Ulceration.—According to modern thought and investigation, we must believe that from any given point of a tuberculous deposit, infection of neighboring or distant parts may take place. The conclusion, then, is irresistible that said point must be destroyed.

It is clearly demonstrable that if that point be in the rectum the curette is the best instrument or way to get rid of it. In so doing, however, the same hint that is to be observed in removing cancer must be observed here—it must be done thoroughly.

Syphilitic Ulceration.—The ratio of difference between cancer and syphilis of the rectum is in the time that each takes to kill, and the advantage that accrues to the patient will be given to cancer, for it ends the misery much quicker than its competitor, syphilis, which inflicts a long-drawn-out misery with a certain death. I have often said, and still insist, that where a syphilitic ulceration, with coincident stricture of the rectum exists, the condition is just as incurable as cancer.

If, then, the ulceration is seen in its incipiency, which it really is, we must rely upon anti-syphilitic and local treatment; if a stricture exists and is within reach, it should be resected; if located beyond the reach of the finger, and is a close constriction, an inguinal colotomy is advisable. In all these operations around the rectum I am in the habit of using as a cleansing agent, Marchand's peroxide of hydrogen. Indeed, I consider the preparation indispensable in my work, whatever strict asepsis may do in wounds elsewhere, it is best in wounds around the rectum to use chemical agents, and the best of these is bichloride hydrogen. —MATHEWS in *Exchange*.

Belladonia in Rigid Os and Billiary or Renal Calculus.

Not long since an article appeared in print which was entitled, "Atropia will as certainly dilate the os as the pupil." The name of the author and that of the journal are not available, but the statement is no doubt true. The author recommends that the 1-100 of a grain be given hypodermically. There is little doubt that the os would be dilated by this treatment, but under all cir-

cumstances it is better and safer to apply a small amount of belladonna ointment topically to the os, where it dilates slowly; the edges are very thin and the contractions of the uterus very powerful. A preparation of belladonna ointment and lard, in the proportion of one or two drams to the ounce, so applied will soon cause the attenuated os to retract itself away from the powerfully advancing head and all danger of rupturing the os is removed. No constitutional symptoms from the drug are observed and a slow, painful and even disastrous labor is transformed into a rapid and easy one.

Another interesting and useful instance of the manner in which this old drug rises to the dignity of the occasion is its action in facilitating the passage of a billiary or renal culculus. Anyone who has not used it in these painful and distressing conditions that so tax the ingenuity of the physician and the religion of the patient will do well to try it.

Put from four to six drops of the fluid extract in half or two thirds of a glass of water and give a teaspoonful every ten to fifteen minutes. There can be no doubt that relief follows quicker and more certainly than with the administration of opiates or any other method of treatment. The philosophy of its action of course is simply that of its action on the sensory nerve filaments obtunding their sensibility and thus relaxing the spasm of the circular muscular fibres.—C. R. CARPENTER, M.D., Leavenworth, Kan., in *Journal Kat. Med.*

Arsenite of Copper in Typhoid Fever.

The editor has anxiously watched his exchanges for favorable comments upon the contribution in the December number of the *American Therapist*, by Dr. A. H. Thomas, of Hurley, Wis., entitled, "Arsenite of Copper in Typhoid Fever." Ninety cases of typhoid fever with but a single death, and that from intestinal hemorrhage, is certainly a record of which one might feel proud. Dr. Charles H. Stowell, the brilliant editor of *Food*, has so far been the only one to make note of these most flattering results, and to him the thanks of those so affected are due, because it is a most efficient remedy. Indeed, it is efficacious above hundreds of other remedies, because it is practically free from danger, as the writer has arrived at the conclusion that for the most part the remedies employed in this disease are far more dangerous than the disease itself.

About the only hindrance to the universal employment of copper arsenite in the treatment of typhoid fever and other disorders of the bowels seems to be due to the fact that it is not controlled by copyright or patent and made in Germany. If a tithe of its valuable properties were actually known by the medical profession, and its manufacture a profound secret, there would be a greater demand for it during the summer season than ever attended the advocacy of Koch's so-called lymph, which is now referred to as a premature delivery. In some sections of the country, however, through the influence of parties interested in manufacturing tablets and through druggists, the employment of arsenite of copper has accomplished wonders. In New York, for example, the writer has learned that Paris-green coctails are quite popular with those given to tarrying long at the wine. And recently the writer was informed by a gentleman employing quite a number of men during the summer, that for two years past, he had practically incurred no expense for medical attendance, as the arsenite of copper seemed to be a panacea for all summer ailments.—*Amer. Therapist.*

Chest Pains.

These may be due to—

1. Intercostal neuralgia; tenderness at points only.

For neuralgia strap the chest and give arsenic, with an occasional mercurial purge. Quinine acts best after mercury.

2. Rheumatism of the fascia, the whole region being tender. Chest rheumatism is connected with beer drinking. The salicylates are useless; alkalies of doubtful utility.

The best remeby is water, drank in enormous quantities.

3. Neuritis; circumscribed linear tenderness.

4. Acute pleurisy; chill, fever, friction sound.

5. Dry pleurisy; very common, relieved so surely by adhesive straps that this relief confirms the diagnosis.

6. Neuroma.

7. Aneurism; may not cause pain, even if large.

8. Cancer.

9. Ataxia.

10. Spinal disease.

11. Bronchitic pain; calls for strapping and opium.

12. Myalgia; relieved by straps.

13. Mitral disease; rarely painful.

14. Aortic disease; generally painful.

15. Dyspepsia; diffusible, radiating pains.

16. Diabetes mellitus, in later stages; pain at the center of sternum. A bad omen.

17. Zoster; pain may precede eruption for days.

18. Angina pectoris.

19. A pseudo-angina, occurring in women; not relieved by nitrites, but instantly by chloroform.

20. Phthisis.

21. Syphilis.

22. Gout.

—H. M. BROWN in *Cin. Med. Jour.*

The Northwest Kansas Medical Association.

This association will meet at Oakley, Kansas, Monday, April 2, 1894, at 10 A.M. The following is the program:

Empyema—Surgical Treatment of Same.—Dr. W. R. Griffin.

Discussion.—Dr. J. W. Tulles.

Lithotomy—Its Treatment.—Dr. G. B. Snyder.

Discussion.—Dr. A. B. Jones.

Medical Legislation.—Dr. F. O. Brainard.

Discussion.—Dr. W. E. McVey.

Railway Surgery.—Dr. W. J. McDonald.

Discussion.—Dr. C. W. Bobo.

New Remedies.—Dr. J. H. Middlekauf.

Discussion.—Dr. J. N. Page.

Angina Pectoris.—Dr. C. W. Winslow.

Discussion.—Dr. J. N. T. Taylor.

Pierre Alveolaris.—Dr. M. Tulles.

Discussion.—Dr. J. W. Norris.

All medical brethren in good standing are invited to attend this meeting.

DR. J. N. PAGE,
Secretary.
DR. C. W. BOBO,
President.

A Valuable Drug in Treatment of Winter Cough.

Many are the single agents employed in the treatment of that persistent bronchial ailment known as "winter cough," and divers are the combinations made to suit each individual case. Agents proposed and lauded as "specifics" in this disease have signally failed to maintain the title. Among the new remedies named, but not brought forward as a specific at all, is the *Eugenia Chequen*, or Chekan, a native Chilian drug For a complete description of the agent, botanically and therapeutically, we refer our readers to the Pharmacology of the Newer Materia Medica, and a brochure issued by Parke, Davis & Co., Detroit. That it is a valuable addition to our list of agents for the treatment of bronchitis and its allied disorders is evident to the writer. It has made a good record so far. It is worthy of a careful investigation and trial. Dr. Wm. Murrell, of Royal Hospital for Diseases of Chest, London, basing his opinion on notes of fifteen cases of bronchitis in which he employed Chekan, says: "In all cases the patient obtained some benefit, and in most instances the relief was very marked." The fluid extract has a pleasant balsamic odor and taste. It is highly resinous, hence not miscible with water. It mixes nicely with glycerin and syrups, in which it should be administered. We advise a testing of its merits.—*Sanative Medicine.*

IN gynecology and midwifery, Dr. Rossa, of the Graz clinic, also emphasizes the extremely slight toxicity of lysol as compared with its high disinfectant value. For personal and external disinfection he recommends a one-per-cent. solution, and a two-per-cent. solution for gynecological operations. The latter causes a violent burning of the mucous membranes — in one case local urticaria, and in another acute eczema. Compared with carbolic acid and corrosive sublimate in a number of births, lysol showed a larger percentage of feverless lyings-in, and a smaller number of cases with high fever. In the carbolic acid and corrosive sublimate period two fatal cases of puerperal sepsis occurred, in the lysol period none. Dr. Rossa also found lysol especially suitable in two-per-cent. solution for washing out the uterus in incipient endometritis puerperalis.

IN answer to the question, Is lysol poisonous? which has been raised in consequence of a death in Bremen from the misuse of the article, Dr. Richard Drews, the children's physician in Hamburg, negatives the suggestion most decisively by in interesting case of a boy, only four years old, drinking undiluted lysol. The child, it was ascertained, had drank about twenty-five grams lysol, but the nurse-girl in charge, out of fear, maintained silence in respect to it, until the child, which smelt strongly of the disinfectant, became after the midday meal suddenly very white, complained of pains in the head and limbs, and vomited violently. Up to that time he had continued to play as usual. When the doctor was called the child was slightly cyanotic, the pulse fifty-six and scarcely to be felt, whilst the respiration was superficial and sometimes in abeyance. The stomach was immediately washed out, removing a turbid, soapy liquid, smelling strongly of lysol, the odor of which still clung to breath and mouth after five washings.

After the stomach had been washed out the boy wanted something to drink, and was given milk, the pulse and respiration having become normal and the cyanosis disappeared. The child also wanted to get out of bed, saying that it no longer had headache, but was kept in bed until the following morning with no other nourishment than milk. The next morning he exhibited not the slightest sign of indisposition, although the breath still smelt of lysol, the odor of which did not disappear until the third day. He said that the lysol had tasted nice, like beer. Evidently the twenty-five gram dose had only caused a slight temporary irritation of the nervous system. Dr. Lewis is therefore of the opinion that one to two per cent. lysol solutions can be employed in infantile practice without any fear of harm, and agrees with Dr. Landau, of Frankenburg, as to its freedom from poisonous qualities.

STATE SENATOR MITCHELL has introduced a bill into the Oregon senate, making hypnotism, electro-magnetism or mesmerism a a crime, punishable by death. The bill was introduced at the request of a distinguished lawyer, who is convinced that magnetic or hypnotic influences are responsible for many crimes.—*Ex.*

PRISONER.—"Yes, your worship, I committed the theft with which I am charged entirely through the instigation of my medical edviser."

Magistrate.—"You mean to say that in carrying out an experiment in hypnotism he suggested the crime to you?"

Prisoner.—"I don't know about that; but one thing is certain, he told me to take something before going to bed."—*Agenta Printemps.*